OFFICE OF CHILD WELFARE
MYFLFAMILIES.COM

CASE ELIMINATION WORKSHEET

Must be approved by Central Office CQI Unit: Attention to Sallie Bond, email-Sallie.Bond@myflfamilies.com prior to elimination

NAME OF CBC	
REGION:	
CONTACT:	

IN-HOME SERVICE CASES

#	Case ID	Case Name	Reason for Elimination	OCW Central Office Comments

OUT-OF-HOME CARE CASES

#	Case ID	Case Name	Reason for Elimination	OCW Central Office Comments